
Adult Cardiac Emergencies:

Supraventricular Tachycardia (SVT)



Note Well: *This Protocol applies to the patient who has a sustained rate of 150 or greater.*

I. All Provider Levels

1. Refer to the Patient Care Protocols.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in position of comfort. If evidence of hypoperfusion is present place the patient in shock position.
4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: *EMT-I and EMT-P should use ET intubation.*

5. Establish an IV of Normal Saline KVO or Saline lock.

Note Well: *An ALS Unit must be en route or on scene.*



II. Advanced Life Support Providers

1. Attach EKG and interpret rhythm.
 - A. Obtain EKG strip and attach to the Patient Care Report
2. Have patient perform a valsalva maneuver

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II. Advanced Life Support Providers (continued)

3. If mental status is altered or the patient appears hemodynamically unstable:



- A. Consider sedation option for cardioversion
i. Diazepam 2.0 - 5.0 mg slow IVP
(Medical Control Option Only)

Note Well: *In the event of a provider induced diazepam overdose, administer 0.2 mg flumazenil IV push over 30 seconds, not to exceed 2.0 mg (Medical Control Option Only).*

- B. Perform synchronized cardioversion at 100, 200, 300, 360 joules.
i. Reassess patient after every cardioversion
4. If the patient appears hemodynamically stable without critical signs and symptoms:
- A. Administer 6.0 mg Adenosine fast IVP followed by 20 cc normal saline bolus.
i. Reassess patient.
- B. If after 2 minutes the heart rate has not decreased, administer 12 mg Adenosine fast IVP followed by 20 cc normal saline bolus.
i. Reassess patient.
- C. If after 2 minutes the heart rate has not decreased, administer 12 mg Adenosine fast IVP followed by 20 cc normal saline bolus.
i. Reassess patient.
5. Consider 12 lead EKG if possible after conversion to a sinus rhythm.

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III. Transport Decision

1. Transport to the closest appropriate open facility



IV. The Following Options are Available by Medical Control Only

1. Cardioversion at 360 joules if rhythm remains unchanged.
2. Diazepam 2.0 - 5.0 mg slow IVP to a maximum of 10 mg
 - A. Reassess every 3 - 5 minutes after administration
3. Flumazenil, to a maximum dose of 2.0 mg
4. Midazolam 1.0 - 2.0 mg IVP to a maximum of 5.0 mg

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